

Bureau of Health Care Quality & Compliance

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4967AGC | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 09/30/2008 |
| NAME OF PROVIDER OR SUPPLIER THE POND HOUSE OF NEVADA LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 1550 FIRMAN COURT SPARKS, NV 89434 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
| Y 000 | Initial Comments This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 9/30/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files were reviewed and six employee files were reviewed. One discharged resident file was reviewed. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. | Y 000 | | |
| Y 881 SS=A | 449.2742(6)(b) Medication / change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (b) Within 5 days after the change is ordered, a copy of the order or prescription signed by the physician must be included in the record maintained pursuant to paragraph (b) of subsection 1 of NAC 449.2744. | Y 881 | | |

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality & Compliance

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| Y 881 | <p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review on 9/30/08, the administrator did not ensure that a verbal order to change a medication dosage, signed by the resident's physician, was in the record within five days of the change for 1 of 6 residents.</p> <p>Findings include:</p> <p>Resident #1- Date of admission was 8/6/08. Review of the resident's record found documentation of a verbal order taken by the administrator, a registered nurse, on 8/26/08. The order from the doctor was to increase the resident's oxygen from 2-liters per minute to 3-liters per minute. The facility did not obtain a written order from the resident's doctor.</p> <p>Scope: 1 Severity: 1</p> | Y 881 | | | |

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